

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE

RECEIVED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27402

State File No.

Registrar's No. 3060

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community same (nursery)

3. (a) PRINT FULL NAME Baby Merlo

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased 8 (Month) 12 (Day) 4 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 2 hr. 10 min.

9. Birthplace Kansas City (City, town, or county) 0 (State or foreign country)

10. Usual occupation Baby

11. Industry or business Baby

12. Name Joseph merlo

13. Birthplace Sicily (City, town, or county) Italy (State or foreign country)

14. Maiden name Frances Benzio

15. Birthplace Kansas City (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mr. Joseph merlo

(b) Address 522 Troost Kansas City Mo

17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Frank S. Hagopian

(b) Address 87 E. 13th

19. (a) 8/13/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 522 Troost (If rural, give location)
(e) Citizen of foreign country? N.P. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day Twelfth year 1941 hour eight minute 15 P.M.

21. I hereby certify that I attended the deceased from 6:40 P.M. 8-12 19 41 to 8:00 P.M. 8/12/41

that I last saw him alive on 8-12 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death

Perforating

Due to Placenta previa

Due to

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations 0

Of autopsy 0

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature ABMear (M. D. or other)

Address 1103 Grand Date signed 8-14

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

John B. Lyster

Licensed Embalmer No. *3754*

P. O. Address. *KCMs*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.